

Chart 4  
Monthly Insurance rates For Retiree  
Basic Life and UniCare State Indemnity Plan/Medicare Extension (OME) With Catastrophic Illness Coverage  
For Retirees Insured For Medicare Part A&B And Their Spouses And Dependents  
Who May Be Insured In The Non-Medicare Plan  
Effective For The Premium Due July 1, 2008

Coverage Combination			Premium Amount To Be Deducted On Payroll								Full Cost Premium	
			Retirees Retired On or before July 1, 1994				Retirees Retired After July 1, 1994					
Retiree Insured For:	Spouse Insured For:	Number of Dependents Under Age 19	* New Premium Amount Without CIC	* New Premium Amount With CIC	Old Premium Amount Without CIC	Old Premium Amount With CIC	* New Premium Amount Without CIC	* New Premium Amount With CIC	Old Premium Amount Without CIC	Old Premium Amount With CIC	Total Premium Amount Without CIC	Total Premium Amount With CIC
Life & OME Plan/Part B	-	0	\$34.90	\$45.40	\$33.03	\$38.59	\$52.34	\$62.84	\$49.54	\$55.10	\$348.93	\$359.43
Life & OME Plan/Part B	OME Plan/Part B	0	69.11	90.11	65.37	76.49	103.65	124.65	98.05	109.17	691.01	712.01
Life & OME Plan/Part B	Basic Plan	0	106.22	151.20	100.01	128.31	159.31	204.29	150.00	178.30	1,062.09	1,107.07
Life & OME Plan/Part B	Basic Plan	1 or more	167.24	247.23	157.03	209.65	250.85	330.84	235.54	288.16	1,672.34	1,752.33
Life & Basic Plan	OME Plan/Part B	0	106.22	151.20	100.01	128.31	159.31	204.29	150.00	178.30	1,062.09	1,107.07
Life & Basic Plan	OME Plan/Part B	1 or more	167.24	247.23	157.03	209.65	250.85	330.84	235.54	288.16	1,672.34	1,752.33
Life & OME Plan/Part A&B	-	0	77.20	87.70	75.33	80.89	115.79	126.29	112.99	118.55	771.93	782.43
Life & OME Plan/Part A&B	OME Plan/Part A&B	0	153.71	174.71	149.97	161.09	230.55	251.55	224.95	236.07	1,537.01	1,558.01
Life & OME Plan/Part A&B	OME Plan/Part B	0	111.41	132.41	107.67	118.79	167.10	188.10	161.50	172.62	1,114.01	1,135.01
Life & OME Plan/Part B	OME Plan/Part A&B	0	111.41	132.41	107.67	118.79	167.10	188.10	161.50	172.62	1,114.01	1,135.01

CIC: Catastrophic Illness Coverage

Monthly Premium For CIC	
Individual Coverage	\$34.48
Family Coverage	79.99
OME Coverage	10.50

\* Column to be used for pension deduction purposes.  
Old premium is for reference only.

Note: The Medicare Part B premium was not added to the rate calculation.